

Please type a plus sign (+) inside this box

02-14-02

PTO/SB/01 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. BP 2110

First Inventor Harr Contopanagos

Title ON-CHIP INDUCTOR HAVING A SQUARE

Express Mail Label No. EV053322461US

02/12/02

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g. PTO/SB/17)  
(submit an original and a duplicate for fee processing)  
Applicant claims small entity status.  
See 37 CFR 1.27.
2.  Specification [Total Pages 24]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Pages 5]
4.  Oath or Declaration [Total Pages 2]
  - a.  Newly executed (original or copy)  
Copy from a prior application (37 CFR 1.63 (d))
  - b.  (for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

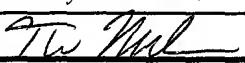
Customer Number or Bar Code Label

Insert customer no. or attach bar code label here

or  Correspondence address below

Name	Timothy W. Markison				
Address	P.O. Box 160727				
City	Austin	State	TX	Zip Code	78716-0727
Country	USA	Telephone	(512) 342-0612	FAX	(512) 342-1674

Name (Print/Type)	Timothy W. Markison	Registration No. (Atty/Agent)	33,534
-------------------	---------------------	-------------------------------	--------

Signature		Date	2/12/02
-----------	---	------	---------

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

# FEE TRANSMITTAL

## for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) \$1044.00

**Complete if Known**

Application Number		
Filing Date		
First Named Inventor	Harry	Contopanagos
Examiner Name		
Group Art Unit		
Atty Docket No.	BP 2110	

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee Paid
Utility filing fee	740.00
Design filing fee	
Plant filing fee	
Reissue filing fee	
Provisional filing fee	
<b>SUBTOTAL(1)</b>	<b>(\$ ) \$740.00</b>

**2. EXTRA CLAIM FEES**

Fee From Below		
	Extra Claims	Fee Paid
Total Claims	30	-20** 10 X 18 = 180.00
Independent Claims	4	-3** 1 X 84 = 84.00
Multiple Dependent		
<b>Fee Description</b>		
Claims in excess of 20		
Independent claims in excess of 3		
**Reissue independent claims over original patent		
**Reissue claims in excess of 20 and over original patent		
<b>SUBTOTAL (2)</b>	<b>(\$ ) 264.00</b>	

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3.. ADDITIONAL FEES****Fee Description**

Surcharge-late filing fee or oath

Surcharge- late provisional filing fee or or cover sheet

**Non-english specifications**

For filing a request for ex parte reexamination

Requesting publication of SIR prior to Examiner action

Requesting publication of SIR after Examiner action

Extension for reply within first month

Extension for reply within second month

Extension for reply within third month

Extension for reply within fourth month

Extension for reply within fifth month

Notice of Appeal

Filing a brief in support of appeal

Request for oral hearing

Petition to institute a public use proceeding

Petition to revive - unavoidable

Petition to revive unintentional

Utility Issue Fee (or reissue)

Design Issue Fee

Plant Issue Fee

Petitions to the Commissioner

Processing fee under 37 CFR 1.17(q)

Submissions of Information Disclosure Stmt

Recording each patent assignment per property (times number of properties)

\$40.00

Filing a submission after final rejection (37 CFR 1.129(a))

For each additional invention to be examined (37 CFR 1.129(b))

Request for Continued Examination (RCE)

Request for expedited Examination of design applicat

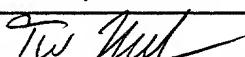
Other fee (specify)

Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

\$40.00

**SUBMITTED BY****Complete (if applicable)**

Name (Print Type)	Timothy W. Markison	Registration No. 33,534	Telephone (512) 342-0612
Signature		Date	2/12/02

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231